

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against: )

BONIFACIO COLOMA ESPERANZA, M.D. )

File No. 10-2006-180544

Physician's and Surgeon's )

Certificate No. A35268 )

Respondent. )

**DECISION**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 18, 2008.

IT IS SO ORDERED November 18, 2008.

**MEDICAL BOARD OF CALIFORNIA**

By: \_\_\_\_\_

Barbara Yaroslavsky, Chair  
Panel B

1 EDMUND G. BROWN JR., Attorney General  
of the State of California

2 THOMAS S. LAZAR

Supervising Deputy Attorney General

3 DAVID P. CHAN, State Bar No. 159343

Deputy Attorney General

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8 Attorneys for Complainant

9 **BEFORE THE**  
10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 10-2006-180544

13 BONIFACIO COLOMA ESPERANZA, M.D.

OAH No. 2008070950

11748 Treadwell Drive

14 Poway, CA 92064

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate No.  
A35268

16 Respondent.

17  
18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
20 above-entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Barbara Johnston (Complainant) is the Executive Director of the Medical  
23 Board of California. She brought this action solely in her official capacity and is represented in  
24 this matter by Edmund G. Brown Jr., Attorney General of the State of California, by David P.  
25 Chan, Deputy Attorney General.

26 2. Respondent Bonifacio Coloma Esperanza, M.D. is representing himself in  
27 this proceeding and has chosen not to exercise his right to be represented by counsel.

28 ///

3. On or about May 19, 1980, the Medical Board of California issued Physician's and Surgeon's Certificate No. A35268 to Bonifacio Coloma Esperanza, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 10-2006-180544 and will expire on November 30, 2009, unless renewed.

## JURISDICTION

4. Accusation No. 10-2006-180544 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on June 26, 2008. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 10-2006-180544 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and fully understands the charges and allegations in Accusation No. 10-2006-180544. Respondent has also carefully read, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 10-2006-180544 and agrees that he has thereby subjected his Physician's and

1 Surgeon's Certificate No. A 35268 to disciplinary action. Respondent agrees to be bound by the  
2 Board's imposition of discipline as set forth in the Disciplinary Order below.

3 **CONTINGENCY**

4 9. The parties agree that this Stipulated Settlement and Disciplinary Order  
5 shall be submitted to the Board for its consideration in the above-entitled matter and, further, that  
6 the Board shall have a reasonable period of time in which to consider and act on this Stipulated  
7 Settlement and Disciplinary Order after receiving it.

8 10. The parties agree that this Stipulated Settlement and Disciplinary Order  
9 shall be null and void and not binding upon the parties unless approved and adopted by the  
10 Board, except for this paragraph, which shall remain in full force and effect. Respondent fully  
11 understands and agrees that in deciding whether or not to approve and adopt this Stipulated  
12 Settlement and Disciplinary Order, the Board may receive oral and written communication from  
13 its staff and/or the Attorney General's office. Communication pursuant to this paragraph shall  
14 not disqualify the Board, any member thereof, and/or any other persons from future participation  
15 in this or any other matter affecting or involving Respondent. In the event that the Board, in its  
16 discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with  
17 the exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
18 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
19 hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and  
20 Disciplinary Order for any reason, Respondent will assert no claim that the Board, or any  
21 member thereof, was prejudiced by its/his/her review, discussion and /or consideration of this  
22 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

23 **ADDITIONAL PROVISIONS**

24 11. This Stipulated Settlement and Disciplinary Order is intended by the  
25 parties herein to be an integrated writing representing the complete, final and exclusive  
26 embodiment of the agreements of the parties in the above-entitled matter.

27 12. The parties understand and agree that facsimile copies of this Stipulated  
28 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same

1 force and effect as the originals.

2 13. In consideration of the foregoing admissions and stipulations, the parties  
3 agree that the Board may, without further notice or formal proceeding, issue and enter the  
4 following Disciplinary Order:

5 **DISCIPLINARY ORDER**

6 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No.  
7 A35268 issued to Respondent BONIFACIO COLOMA ESPERANZA, M.D. is revoked.  
8 However, the revocation is stayed and Respondent is placed on probation for three (3) years on  
9 the following terms and conditions.

10 1. **CLINICAL TRAINING PROGRAM** Within 60 calendar days of the  
11 effective date of this Decision, respondent shall enroll in a clinical training or educational  
12 program equivalent to the Physician Assessment and Clinical Education Program (PACE)  
13 offered at the University of California - San Diego School of Medicine ("Program").

14 The Program shall consist of a Comprehensive Assessment program comprised of  
15 a two-day assessment of respondent's physical and mental health; basic clinical and  
16 communication skills common to all clinicians; and medical knowledge, skill and judgment  
17 pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of  
18 clinical education in the area of practice in which respondent was alleged to be deficient and  
19 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any  
20 other information that the Board or its designee deems relevant. Respondent shall pay all  
21 expenses associated with the clinical training program.

22 Based on respondent's performance and test results in the assessment and clinical  
23 education, the Program will advise the Board or its designee of its recommendation(s) for the  
24 scope and length of any additional educational or clinical training, treatment for any medical  
25 condition, treatment for any psychological condition, or anything else affecting respondent's  
26 practice of medicine. Respondent shall comply with Program recommendations.

27 At the completion of any additional educational or clinical training, respondent  
28 shall submit to and pass an examination. The Program's determination whether or not

1 respondent passed the examination or successfully completed the Program shall be binding.

2           Respondent shall complete the Program not later than six months after  
3 respondent's initial enrollment unless the Board or its designee agrees in writing to a later time  
4 for completion.

5           Failure to participate in and complete successfully all phases of the clinical  
6 training program outlined above is a violation of probation.

7           2.       **PRESCRIBING PRACTICES COURSE** Within 60 calendar days of  
8 the effective date of this Decision, respondent shall enroll in a course in prescribing practices, at  
9 respondent's expense, approved in advance by the Board or its designee. Failure to successfully  
10 complete the course during the first 6 months of probation is a violation of probation.

11           A prescribing practices course taken after the acts that gave rise to the charges in  
12 the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
13 Board or its designee, be accepted towards the fulfillment of this condition if the course would  
14 have been approved by the Board or its designee had the course been taken after the effective  
15 date of this Decision.

16           Respondent shall submit a certification of successful completion to the Board or  
17 its designee not later than 15 calendar days after successfully completing the course, or not later  
18 than 15 calendar days after the effective date of the Decision, whichever is later.

19           3.       **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days  
20 of the effective date of this decision, respondent shall enroll in a course in medical record  
21 keeping, at respondent's expense, approved in advance by the Board or its designee. Failure to  
22 successfully complete the course during the first 6 months of probation is a violation of  
23 probation.

24           A medical record keeping course taken after the acts that gave rise to the charges  
25 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
26 Board or its designee, be accepted towards the fulfillment of this condition if the course would  
27 have been approved by the Board or its designee had the course been taken after the effective  
28 date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. **NOTIFICATION** Prior to engaging in the practice of medicine, the respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5. **SUPERVISION OF PHYSICIAN ASSISTANTS** During probation, respondent is prohibited from supervising physician assistants.

6. **OBEY ALL LAWS** Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders.

7. **QUARTERLY DECLARATIONS** Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

8. **PROBATION UNIT COMPLIANCE** Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Respondent shall not engage in the practice of medicine in respondent's place of residence. Respondent shall maintain a current and renewed California physician's and surgeon's license.

Respondent shall immediately inform the Board, or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

9. **INTERVIEW WITH THE BOARD, OR ITS DESIGNEE**

Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office, with the Board or its designee, upon request at various intervals, and either with or without prior notice throughout the term of probation.

10. **RESIDING OR PRACTICING OUT-OF-STATE** In the event

respondent should leave the State of California to reside or to practice, respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically canceled if respondent's periods of temporary or permanent residence or practice outside California total two years. However, respondent's license shall not be canceled as long as respondent is residing and practicing



1 medicine in another state of the United States and is on active probation with the medical  
2 licensing authority of that state, in which case the two year period shall begin on the date  
3 probation is completed or terminated in that state.

4           11.     **FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT**

5           In the event respondent resides in the State of California and for any reason  
6 respondent stops practicing medicine in California, respondent shall notify the Board or its  
7 designee in writing within 30 calendar days prior to the dates of non-practice and return to  
8 practice. Any period of non-practice within California, as defined in this condition, will not  
9 apply to the reduction of the probationary term and does not relieve respondent of the  
10 responsibility to comply with the terms and conditions of probation. Non-practice is defined as  
11 any period of time exceeding 30 calendar days in which respondent is not engaging in any  
12 activities defined in sections 2051 and 2052 of the Business and Professions Code.

13           All time spent in an intensive training program which has been approved by the  
14 Board or its designee shall be considered time spent in the practice of medicine. For purposes of  
15 this condition, non-practice due to a Board-ordered suspension or in compliance with any other  
16 condition of probation, shall not be considered a period of non-practice.

17           Respondent's license shall be automatically canceled if respondent resides in  
18 California and for a total of two years, fails to engage in California in any of the activities  
19 described in Business and Professions Code sections 2051 and 2052.

20           12.     **COMPLETION OF PROBATION**   Respondent shall comply with all  
21 financial obligations (e.g., probation costs) not later than 120 calendar days prior to the  
22 completion of probation. Upon successful completion of probation, respondent's certificate shall  
23 be fully restored.

24           13.     **VIOLATION OF PROBATION**   Failure to fully comply with any term  
25 or condition of probation is a violation of probation. If respondent violates probation in any  
26 respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke  
27 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to  
28 Revoke Probation, or an Interim Suspension Order is filed against respondent during probation,

1 the Board shall have continuing jurisdiction until the matter is final, and the period of probation  
2 shall be extended until the matter is final.

3           14.     **LICENSE SURRENDER** Following the effective date of this Decision,  
4 if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
5 the terms and conditions of probation, respondent may request the voluntary surrender of  
6 respondent's license. The Board reserves the right to evaluate respondent's request and to  
7 exercise its discretion whether or not to grant the request, or to take any other action deemed  
8 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,  
9 respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the  
10 Board or its designee and respondent shall no longer practice medicine. Respondent will no  
11 longer be subject to the terms and conditions of probation and the surrender of respondent's  
12 license shall be deemed disciplinary action. If respondent re-applies for a medical license, the  
13 application shall be treated as a petition for reinstatement of a revoked certificate.

14           15.     **PROBATION MONITORING COSTS** Respondent shall pay the costs  
15 associated with probation monitoring each and every year of probation, as designated by the  
16 Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical  
17 Board of California and delivered to the Board or its designee no later than January 31 of each  
18 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of  
19 probation.

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DATED: 8/26/2005

  
BONIFACIO COLOMA ESPERANZA, M.D.  
Respondent

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

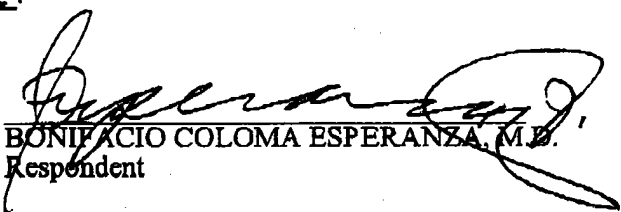
DATED: \_\_\_\_\_

THOMAS S. LAZAR  
Supervising Deputy Attorney General

Attorneys for Complainant

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 35268. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 8/26/2008

BONIFACIO COLOMA ESPERANZA, M.D.  
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 08/26/08

EDMUND G. BROWN JR., Attorney General  
of the State of California

THOMAS S. LAZAR  
Supervising Deputy Attorney General



DAVID P. CHAN  
Deputy Attorney General

Attorneys for Complainant

**Exhibit A**

**Accusation No. 10-2006-180544**

1 EDMUND G. BROWN JR., Attorney General  
of the State of California

2 THOMAS S. LAZAR

Supervising Deputy Attorney General

3 DAVID P. CHAN, State Bar No. 159343

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8 Attorneys for Complainant

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10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 BONIFACIO COLOMA ESPERANZA, M.D.

11748 Treadwell Drive

14 Poway, CA 92064

15 Physician's and Surgeon's Certificate No.  
A35268

16  
17 Respondent.

Case No. 10-2006-180544

OAH No.

**A C C U S A T I O N**

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Barbara Johnston (Complainant) brings this Accusation solely in her  
22 official capacity as the Executive Director of the Medical Board of California, Department of  
23 Consumer Affairs.

24 2. On or about May 19, 1980, the Medical Board of California issued  
25 Physician's and Surgeon's Certificate Number A35268 to BONIFACIO COLOMA  
26 ESPERANZA, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force  
27 and effect at all times relevant to the charges brought herein and will expire on November 30,  
28 2009, unless renewed.

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO June 26, 20 08  
BY Cheri Mc ANALYST

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"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

..

6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent is subject to disciplinary action under Sections 2227 and 2234, as defined by Section 2234, subdivision (b) of the Code, in that Respondent was grossly negligent in his care, treatment and management of patient H.B. and patient D.A. The circumstances are as follows:

### Patient H.B.

A. On or about June 30, 2006, patient H.B., then a 55-year-old inmate at the Centinela State Prison, was seen in the prison "ER" by the triage nurse and then by Respondent for complaints of chest pain and shortness of breath. Patient H.B. has coronary artery disease and had undergone a stent<sup>2</sup> placement on or about May 26, 2006. Respondent did not record a history and physical.

B. Respondent prescribed for patient H.B. erythromycin<sup>3</sup>, chlortrimeton<sup>4</sup>,

2. A stent is a wire-mesh tube that expands to hold the coronary artery open and is usually placed at the narrowed section during angioplasty. The purpose of the stent is to open up the artery and press the plaque against its walls, thereby improving blood flow.

3. Erythromycin is used to treat many different types of infections caused by bacteria.

4. Antihistamine used for relief from sneezing, itchy, watery eyes, itchy throat and runny nose due to hay fever and other upper respiratory allergies.



1 and Pepto-Bismol. In addition, Respondent lowered the patient's dosage for Lipitor<sup>5</sup> and  
2 increased the dosage for Atenolol<sup>6</sup> and Vasotec<sup>7</sup>. An electrocardiogram (EKG) was  
3 obtained and it was reported as normal. Patient H.B. was released back to his prison cell.

4 C. On or about July 3, 2006, at approximately 04:50 a.m., patient H.B. was  
5 seen by the triage nurse for chest pain. He was given 325 mg. of aspirin and oxygen by a  
6 nasal cannula. The triage nurse noted that the patient's EKG was abnormal. Patient H.B.  
7 was not seen by Respondent, the physician on call, and no physician note was generated.  
8 At approximately 06:00 a.m. Respondent wrote orders in the Physician's Orders sheet.

9 D. On or about July 4, 2006, patient H.B. was seen by Respondent. The  
10 patient was in stable condition with no chest pain. Patient H.B. requested a medical  
11 transfer to another prison near Los Angeles.

12 **Patient D.A.**

13 E. On or about June 5, 2006, patient D.A., then a 20-year-old inmate at the  
14 Centinela State Prison, underwent an excision of a perianal fistula<sup>8</sup> by Respondent.  
15 Patient had presented with a history of repeated exudates, pain and swelling on his right  
16 buttocks over the past five to six months. No renal function test or sexually transmitted  
17 disease (STD) screening was done.

18 F. Patient D.A. continued to present with complaints associated with the  
19 perianal fistula. On or about July 12, 2006, patient D.A. was seen by Dr. F.F., a general  
20 surgeon for two external fistula openings on the right buttocks, and on or about July 26,  
21 2006, patient D.A. was seen by Respondent for right perianal drainage.

22 ///

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23  
24 5. Cholesterol-lowering medication.

25 6. Medication to treat high blood pressure

26 7. Medication in combination with other medications to treat high blood pressure. It is also  
27 used in combination with other medications to treat heart failure.

28 8. A perianal (located around the anus) fistula is an abnormal tunnel that connects the  
perianal skin with the anus or the rectum.

1 G. On or about August 28, 2006, patient D.A. submitted a Health Care  
2 Services Request Form, asking that he be checked for chlamydia, gonorrhea, and "all  
3 sexually transmitted disease," including HIV, and hepatitis.

4 H. On or about October 2, 2006, patient D.A. was seen by Respondent for  
5 perianal discharge and swelling of the left testicle. A culture and sensitivity test was  
6 positive for Methicillin-resistant *Staphylococcus aureus* (MRSA)<sup>9</sup>. Patient D.A. was  
7 diagnosed with perianal abscess and epididymitis.<sup>10</sup> Respondent prescribed Rocephin,  
8 Gentamycin<sup>11</sup> and Septra DS. No record of any surgical drainage or excision was noted  
9 on the chart, and no STD screening and renal function testing or serum creatinine<sup>12</sup> level  
10 testing was done.

11 8. Respondent committed gross negligence in his care and treatment of  
12 patient H.B. and patient D.A. which included, but was not limited to, the following:

13 (a) Respondent failed to do a thorough documented history and physical on  
14 patient H.B. who suffers from coronary artery disease and had recently undergone a stent  
15 placement.

16 (b) Respondent failed to transfer patient H.B. to a facility that could complete  
17 an emergency cardiac enzymes test and cardiology evaluation.

18 (c) Respondent failed to examine patient H.B., a potentially unstable known  
19 cardiac patient, and transfer him to a nearby hospital emergency room for more definitive  
20 evaluation.

21  
22 9. MRSA is a bacterium responsible for difficult-to-treat infections in humans.

23 10. Epididymitis is an inflammation of the coiled tube at the back of the testicle that stores  
24 and carries sperm.

25 11. An antibiotic used to treat many types of bacterial infections. Gentamycin can also be  
26 highly nephrotoxic.

27 12. Serum creatinine is the most widely used test to assess kidney function. The kidneys  
28 remove creatinine from the blood and concentrate it in the urine. If the kidneys are failing,  
serum or plasma levels will rise.

1 (d) On or about October 2, 2006, Respondent failed to transfer patient D.A. to  
2 be treated by a surgeon, in light of the previous infections in the area and the fact that the  
3 swelling and infection seemed to extend into the scrotum and testicle area.

4 **SECOND CAUSE FOR DISCIPLINE**

5 (Repeated Negligent Acts)

6 9. Respondent has further subjected his Physician's and Surgeon's Certificate  
7 No. A35268 to disciplinary action under sections 2227 and 2234, as defined by Section 2234,  
8 subdivision (c) of the Code, in that he committed repeated negligent acts in his care and  
9 treatment of six (6) patients, as more particularly alleged hereinafter:

10 10. Paragraphs 7E, 7F, 7G, 7H and 8, above, are hereby incorporated by  
11 reference and re-alleged as if fully set forth herein.

12 **Patient D.K.**

13 A. On or about July 18, 2006, patient D.K., then a 24-year-old inmate at the  
14 Centinela State Prison, was seen by Respondent for abdominal pain that was  
15 unresponsive to Omeprazole<sup>13</sup> and left shoulder pain which had been going on for two  
16 months. Approximately two months earlier, on or about May 18, 2006, patient D.K. had  
17 a positive serology for H. Pylori IgG<sup>14</sup> antibody.

18 B. Respondent prescribed for patient D.K. Salsalate<sup>15</sup> 750 mg. three times  
19 per day for 15 days; Maalox, 2 tablets two times a day for 10 days; Erythromycin 500 mg.  
20 two times a day for 10 days; Amoxicillin 500 mg. two times a day for 15 days; Pepto-

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23 13. Decreases the amount of acid produced in the stomach. It is used to treat symptoms of  
24 gastroesophageal reflux disease (GERD) and other conditions caused by excess stomach acid.

25 14. Helicobacter pylori is a spiral-shaped bacterium that is found in the gastric mucous  
26 layer or adherent to the epithelial lining of the stomach. H. pylori causes more than 90% of  
duodenal ulcers and up to 80% of gastric ulcers.

27 15. Salsalate is in a class of nonsteroidal anti-inflammatory medications (NSAIDs) used to  
28 relieve pain, tenderness, swelling, and stiffness caused by rheumatoid arthritis, osteoarthritis  
and other conditions that cause swelling.

1 Bismol 2 tablets three times a day for 10 days; and Prilosec<sup>16</sup> 20 mg. one before dinner  
2 for 3 weeks.

3 **Patient O.R.**

4 C. On or about July 19, 2006, patient O.R., then a 31-year-old inmate at the  
5 Centinela State Prison, was seen by Respondent for followup INH<sup>17</sup> prophylaxis and right  
6 testicular pain. Upon examination, Respondent noted that patient O.R. had swelling in  
7 his right testicle. No other history was elicited and recorded for this complaint.

8 D. Respondent prescribed Septra DS<sup>18</sup> #30 two times a day. Respondent did  
9 not screen patient O.R. for sexually transmitted disease (STD).

10 **Patient F.D.**

11 E. On or about July 20, 2006, patient F.D., then a 46-year-old inmate at the  
12 Centinela State Prison, was seen by Respondent. Patient F.D. has a six-year history of  
13 diabetes mellitus and was on INH prophylaxis. No history of patient F.D.'s diabetes  
14 symptoms was noted. Patient F.D.'s liver function test was pending and his HgbA1c<sup>19</sup>  
15 was measured at 6.4.<sup>20</sup>

16 F. Respondent's plan for patient F.D. was for him to lose weight and to  
17 increase his exercise. Respondent did not order ongoing glucose monitoring and HgbA1c  
18 testing.

19 **Patient T.K.**

20 G. On or about July 20, 2006, patient T.K., then a 21-year-old inmate at the  
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22 16. Prilosec decreases the amount of acid produced in the stomach.

23 17. Isoniazid, or INH, is an anti-bacterial drug that has been used to prevent and to treat  
24 tuberculosis.

25 18. An antibiotic used to treat urinary tract infections.

26 19. Glycated Hemoglobin. The percentage of hemoglobin molecules that contain glucose.  
27 It provides an estimate of average blood sugar over this time frame.

28 20. In most labs, the normal range is 4-5.9 %

1 Centinela State Prison, was seen by Respondent for foot and back pain that radiated to the  
2 lower back. Respondent noted that patient T.K. had fairly good ambulation, with some  
3 limitation in his back to rotation, and bending with mild spasm and pain. He also noted  
4 that the patient did not have any vascular or neurological deficits. No diagnosis was  
5 noted except for "as above."

6 H. Respondent provided patient T.K. with a certification for soft shoes and an  
7 authorization for the laundry department to issue him a thicker mattress.

8 **Patient J.O.**

9 1. On or about July 18, 2006, patient J.O., then a 32-year-old inmate at the  
10 Centinela State Prison, was seen by Respondent for complaints of left leg numbness for  
11 the last three days. Respondent noted that the numbness extended from the thigh down to  
12 the entire lower leg and foot. There was no trauma involved, only that the patient was  
13 working out. No other history was recorded. Respondent's assessment of patient J.O.  
14 was "neuropathic."

15 J. Respondent prescribed for patient J.O. Ibuprofen, Maalox and  
16 Tetracycline<sup>21</sup>.

17 11. Respondent committed repeated negligent acts in his care and treatment of  
18 the above patients, which included, but was not limited to, the following:

19 (a) Respondent failed to screen patient D.A. for sexually transmitted disease  
20 despite the patient's symptoms and diagnosis of epididymitis.

21 (b) Respondent failed to perform a renal function test or serum creatinine  
22 level test on patient D.A. before prescribing Gentamycin.

23 (c) Respondent failed to adequately document patient D.K.'s history and  
24 physical examination.

25 (d) Respondent prescribed for patient D.K., Salsalate, a non-steroidal anti-  
26 inflammatory medications, before providing therapy with acid blocker drugs and  
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28 21. Antibiotic used to treat a wide-range of bacterial infections.

1 resolution of his abdominal symptoms.

2 (e) Respondent failed to adequately document patient O.R.'s history and  
3 physical examination.

4 (f) Respondent failed to screen patient O.R. for sexually transmitted disease.

5 (g) Respondent failed to order ongoing glucose monitoring and HgbA1c  
6 testing on patient F.D.

7 (h) Respondent failed to adequately document patient T.K.'s history and  
8 physical examination to support a specific diagnosis.

9 (i) Respondent failed to adequately document patient J.O.'s history and  
10 physical examination.

11 (j) Respondent prescribed Tetracycline for patient J.O. without a medical  
12 indication.

### 13 THIRD CAUSE FOR DISCIPLINE

14 (Failure to Maintain Adequate and Accurate Medical Records)

15 12. Respondent has further subjected his Physician's and Surgeon's  
16 Certificate No. A35268 to disciplinary action under sections 2227 and 2234, as defined by  
17 section 2266 of the Code, in that he failed to keep adequate and accurate records of his care and  
18 treatment of several patients, as more particularly alleged hereinafter:

19 13. Paragraphs 10A, 10B, 10C, 10D, 10G, 10H, 10I, 10J, 11(c), 11(e), 11(h)  
20 and 11(i), above, are hereby incorporated by reference and re-alleged as if fully set forth herein.

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1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
3 alleged, and that following the hearing, the Medical Board of California issue a decision:

4 1. Revoking or suspending Physician's and Surgeon's Certificate Number  
5 A35268, heretofore issued to BONIFACIO COLOMA ESPERANZA, M.D.;

6 2. Revoking, suspending or denying approval of BONIFACIO COLOMA  
7 ESPERANZA, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of  
8 the Code;

9 3. Ordering BONIFACIO COLOMA ESPERANZA, M.D. to pay the Board,  
10 if placed on probation, the costs of probation monitoring; and

11 4. Taking such other and further action as deemed necessary and proper.

12  
13 DATED: June 26, 2008

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15   
16 BARBARA JOHNSTON  
17 Executive Director  
18 Medical Board of California  
19 Department of Consumer Affairs  
20 State of California  
21 Complainant

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